

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042440

1. Corporation Name
MINOLA, INC.

Principal Place of Business

P.O. BOX 60259
FORT MYERS FL 33906-6259
US

Mailing Address

P.O. BOX 60259
FORT MYERS FL 33906-6259
US

2. Principal Place of Business

21 24810 Burnt Pine Dr.
Suite, Apt. #, etc.

22 Suite 4

23 Bonita Beach, FL
City & State

Zip Country

24 34134 25 USA

2a. Mailing Address

26 24810 Burnt Pine Dr.
Suite, Apt. #, etc.

27 Suite 4

28 Bonita Beach, FL
City & State

Zip Country

29 34134 30 USA

9. Name and Address of Current Registered Agent

CICCARONE, MICHAEL J
12800 UNIVERSITY DR.
STE. 600
FORT MYERS FL 33907

3. Date Incorporated or Qualified

05/13/1997

4. FEI Number

APPLIED FOR 65-0855871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, MARGARET J
STREET ADDRESS 24810 BURNT PINE DR
CITY-ST-ZIP 10901 S.W. CYPRESS PKWY STE 108
FORT MYERS FL 33912

TITLE VPD
NAME CHAM, H. GEORGES
STREET ADDRESS 24810 BURNT PINE DRI
CITY-ST-ZIP 10901 S.W. CYPRESS PKWY STE 108
FORT MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90008 016 ***550.00



DO NOT WRITE IN THIS SPACE

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